FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:58

DOCUMENT # **P94000009448 (9)**

1. Corporation Name

MS AND LISSY, INC.

Principal Place of Business	Mailing Address
300 ARAGON AVE. SUITE 210 CORAL GABLES FL 33134	300 ARAGON AVE. SUITE 210 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report: N/A

2. Principal Place of Business — 21: LISSY Cleaners
2a. Mailing Address — 26: 2480 W. 60 ST.
22: Suite, Apt. #, etc
27: Suite, Apt. #, etc
23: City & State: Hialeah,
28: City & State: Florida
24: Zip: 33015
25: County
29: Zip
30: County

4. FEI Number: 65-0159191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LABRADOR, FRANK L
300 ARAGON AVE.
SUITE 210
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Beatriz Fernandez
82 Street Address (P.O. Box Number is Not Acceptable): 17510 N.W. 7 ct.
83:
84 City: Pembroke Pines FL 85 Zip Code: 33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Beatriz Fernandez President 4-8-95
(Signature, Either of Current Name of Registered Agent and Title, if Applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, BEATRIZ	12 NAME	
STREET ADDRESS	2480 W. 60TH ST.	13 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33016	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, RAMON	22 NAME	
STREET ADDRESS	2480 W. 60TH ST.	23 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33016	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	PEREZ, ELENA	32 NAME	Delete Name
STREET ADDRESS	2480 W. 60TH ST.	33 STREET ADDRESS	From Officers
CITY ST ZIP	HIALEAH FL 33016	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Beatriz Fernandez 4/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141842 CP